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Social Work Master's Clinical Research Papers. 279.
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What is the Phenomenology of Complicated Grief in Parentally Bereaved Children and Adolescents?

by

Jeanne M. Abicht, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the School of Social Work
Saint Catherine University and the University of Saint Thomas
Saint Paul, Minnesota □
in Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Acknowledgements

I would like to express my sincere gratitude for my research advisor and chair, Ande Nesmith, Ph.D. LISW, for her guidance, support, and patience throughout this project. I would also like to express my sincere gratitude to the best committee members one could possibly imagine, George Baboila, MSW, LICSW and Cecile Kudela, MSW, LGSW. George and Cecile's continued support, advice, and expertise have been invaluable throughout this project as well as during my tenure in graduate school.

I am forever grateful for the unwavering love and support of my husband, Bernard Hanson. He has made countless adjustments to his schedule to support the demands of this project and my academic journey as a whole. I am also indebted to my wonderful children, Eamon and Emma, who have cheered me on in my work and share with me the excitement of learning and becoming a social worker. I am also grateful for the love and steadfast support of my brother, Timothy Abicht, with whom I share a unique bond in our experience of parental loss. The love and support of my family has given me the strength and perseverance to do my best work.

I have had the great fortune of having the best of friends who have supported me in countless ways throughout this process with much patience, compassion, support, and kindness. To them, I express my sincere gratitude.

I am thankful beyond measure for the research participants and their willingness and courage to share their experiences of parental grief. I feel truly honored that they have allowed me the privilege to bear witness to their narrative.

Lastly, I lovingly dedicate this research project in memory of my parents, Jule Ann Janos Abicht and Richard Abicht.

Abstract

The experience of parental loss in childhood and adolescence is often a trauma unparalleled as the most stressful period during the first decades of life. The literature cites contributory factors in the etiology of parentally bereaved children's grief experience as relationship to the deceased parent, circumstances of parental death, and adjustment of the surviving parent. The research explored the contextual variables that are protective or increase the risk of vulnerability of complicated grief. Eight adults who experienced the death of a parent or custodial grandparent during childhood or adolescence were interviewed. Primary themes related to complicated grief include the surviving parent's grief response, pre-existing internal toolbox, normalization and affirmation of the grief experience, and meaning making. The secondary themes include isolation and disenfranchised grief, grief as a unique experience, sibling, family, and other support, and experiences of professional support. The relatively small sample size and dearth of cultural diversity is a limitation. Implications for future research include early intervention for at risk children and surviving parents and improved therapeutic modalities for parentally bereaved families.

Keywords: parental death, childhood, adolescence, complicated grief, complicated bereavement

Table of Contents

Introduction	6
Literature Review	7
Conceptual Framework	27
Methods	28
Sampling.....	28
Setting.....	29
Protection of Human Subjects	30
Strengths and Limitations.....	30
Findings	31
Discussion	51
Implications for Future Research	54
References	58
Appendix A: Qualitative Research Interview Questions	71
Appendix B: Mental Health Resources for Participants	72
Appendix C: Request for Research Participants on Social Media	74
Appendix D: Research Flyer	75

List of Tables

Table 1. Demographics of interview participants	32
Table 2. Demographics of parents or custodial grandparent at death	33
Table 3. Description of family at death.....	34

Introduction

The experience of parental loss in childhood, adolescence, and emerging adulthood is often a trauma unparalleled as the most stressful period during the first decades of life. Childhood is defined as between birth to age 10, adolescence from ages 10 to 18, and emerging adulthood from ages 18 to 25 (Arnett, 2000; Erikson, 1950). Statistical data and census information report that four percent of children and adolescents in western countries will experience parental loss, including five percent of all children in the United States (Currier, Holland, & Neimeyer, 2007; Melhem, Porta, Shamseddeen, Walker Payne, & Brent, 2011; Stikkelbroek, Prinzie, de Graaf, ten Have, & Cuijpers, 2012). Stean (1998) suggests that the number of children who have lost one or both parents by age 15 is one out of every 20. By age 25, 10% of Americans have experienced a parental death (Umberson, 2006). Prospective and retrospective studies have documented that childhood and adolescent bereavement is associated with an increased likelihood of complicated grief, including mental health diagnoses, within the first two years post-parental death (Brent, Melhem, Masten, Porta, & Walker Payne, 2012; Cohen, Mannarino, & Knudsen, 2004; Hagen et al., 2012; Hamdan, Melham, Porta, Walker Payne, & Brent, 2012; Gray, Weller, Fristad, & Weller, 2011; Stikkelbroek et al., 2012; Stroebe, Folkman, Hansson, & Schut, 2006).

Research and clinical applications about the emotional and psychological sequelae of grief are sparse and lack a richness of understanding, appearing minimally throughout the social work literature (Cerel, Fristad, Verducci, Weller, & Weller, 2006). Contributory factors in the etiology of the grief experience of children and adolescents are relationship to the deceased parent, relationship to the surviving parent, circumstances of the parent's

death, adjustment of the remaining parent or caregiver, presence of siblings, gender, developmental age, and socio-economic status. (Gray et al, 2011; Dowdney, 2000; Hope & Hodge, 2006). However, none of these variables have been examined to any great detail and existing studies have conflicted results. Cultural considerations, with respect to childhood and adolescent grief, are even scarcer within the existing body of knowledge (Haine et al., 2008).

In addition, current research of parentally bereaved children overwhelmingly reflects the death of a parent within a traditional two-parent, opposite sex family relationship. It is of significance to note that this family dynamic does not represent the diversity of family systems and living situations within the United States (United States Census Bureau, 2012). According the United State Census Bureau (2012), 24% of children lived with only their mothers, 4% of children lived with only their fathers, and 4% of children lived with neither of their parents. Of single parent families, eight percent of children lived with their single parent and their single parent's cohabitating partner. Of the 4% of children who do not live with their parents, 55% lived with grandparents, 22% lived with other relatives only, and 33% of children lived with non-relatives, including foster parents. The United States Census Bureau also reported that approximately 110,000 same-sex couples were raising children. Therefore, it is imperative that the multitude of bio-psycho-social factors that affect the adjustment of parentally bereaved children be identified and well understood within the phenomenology of grief.

Literature Review

Most children who experience parental death during childhood and adolescence achieve healthy emotional and psychological functioning in their adjustment to this

profound loss. However, there are some children who develop maladaptive behaviors and attitudes and are unable to make an adaptive adjustment, resulting in the development of a prolonged grief response. Antecedent individual and environmental contextual variables as well as the post-death family environment have significant predictive value in parentally bereaved children's risk of developing mental health problems. Therefore the impact of parental death must be evaluated within the context of protective as well as risk factors that suggest increased vulnerability.

What is Grief?

Normal grief, also referred to as acute or uncomplicated grief or bereavement, is an unavoidable and natural reaction to loss, encompassing a wide range of feelings and behaviors. Bereavement is the survivor's reaction to the loss. An acute grief response may include feelings of sadness, anger, guilt, anxiety, loneliness, fatigue, helplessness, shock, yearning, emancipation, relief, and numbness. Physical manifestations of acute grief may include lack of energy, physical pain or tightness in the chest or stomach, breathlessness, oversensitivity to noise, and a sense of depersonalization. (Worden, 2008). According to Stean (1998), bereavement is the internal process of loss whereas mourning is its external expression.

In a letter written to a grieving friend in 1917, Sigmund Freud wrote:

We find a place for what we lose. Although we know that after such a loss the acute stage of mourning will subside; we also know that a part of us shall remain inconsolable and never find a substitute. No matter what may fill the gap, even if it is completely filled; it will nevertheless remain something changed forever (Freud, 1961, p. 386).

In *Mourning and Melancholia* (1917), Freud theorized that the “psychological purpose of grief is to withdraw emotional energy from the deceased, cathexis, and then to become detached from the loved one, decathexis.” Freud believed that hypercathexis is achieved after the bereaved person works through their grief by evaluating their memories of the deceased. Barbato and Irwin (1992) postulated that grief is an emotional response to loss, encompassing sadness, sorrow, fatigue, depression, relief, shock, anger, guilt, and anxiety. Engel wrote, “grief represents a departure from the state of health and well-being...a period of time is likewise needed to return the mourner to a similar state of equilibrium” (p. 18). These theoretical characterizations of grief illustrate the universality of the grief experience. Despite the common and shared experience of grief and loss, the expression varies greatly with respect to individual and personality differences, developmental and chronological age, and societal and cultural expectations.

Cultural Constructs of Grief

Worden’s (2009) point is well taken in his suggestion that “in order to adequately predict how a person is going to grieve, you have to know something about his or her social, ethnic, and religious background (p. 74). In addition, “religion and spirituality also need to be explored as they offer a context that gives meaning to death. Solace and comfort can be provided through faith, congregational support, and transcendent beliefs in a larger purpose and connectedness to all of life” (Walsh & McGoldrick, 2006, p. 44). Most cultures do engage in funerals, memorials, wakes, and burials, although, again, it is necessary to keep in mind that there is much diversity in traditions and practices of mourning (Fristad, Cerel, Goldman, Weller, & Weller, 2001). More importantly, the clinician must not only be cognizant but also respectful of cultural pluralism.

Theoretical Model of Attachment

Theoretical scholarship and evidence based clinical approaches to childhood and adolescent parental loss must be built upon a solid framework of the psychological, developmental, physical, and social needs of this population. Developmental and attachment models that consider the intrinsic needs of this period of life are essential in understanding the clinical applications of grief and loss. Without this fundamental understanding, clinicians cannot build a solid framework upon which to support their clients as they grieve. Although much important scholarship exists with respect to early attachment and specific attachment models, John Bowlby's work, in particular, touches upon the attachment styles and needs of the young child as well as of the older child, or adolescent.

John Bowlby's (1973) attachment theory incorporates psychological, evolutionary, and ethological theory to describe attachment, which he defined as a "lasting psychological connectedness to human beings" (p. 194) as well as "a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, and depression, to which unwilling separation give rise" (Bowlby, 1978, p. 5). Attachment develops when relationships with important caregivers is restored upon separation. Loss results when emotional and physical homeostasis is compromised, due to separation from the caregiver (Bowlby, 1963; Worden, 2008). Much of attachment theory has focused on the importance of attachment processes during the first years of early childhood. However, it is of importance to note

that the biological and social necessity and enduring nature of creating strong attachments pervades throughout the entire lifespan.

With respect to the effects of attachment and loss during early childhood, John Bowlby theorized that very young children do indeed grieve and mourn the separation or loss of an attachment figure. Attachment fosters a need to create and maintain bonds and relationships as well as our response to the threat or actual loss of these attachments (Bowlby, 1963). Wordon (2008) notes, “the greater the potential for loss, the more intense and the more varied these reactions are” (p. 14). Bowlby (1977) posits, “in such circumstances, all the most powerful forms of attachment behavior become activated—clinging, crying, perhaps angry coercion...When these actions are successful, the bond is restored, the activities cease, and the states of stress and distress alleviated (p. 429). Attachment is borne out of the loss, or potential loss, of these strong bonds and relationships. Like Freud, Bowlby hypothesized a connection to adult psychopathology and unresolved childhood grief (Dowdney, 2000). In order to truly understand grief, it is necessary to identify and understand the mechanisms of maintaining and reinstating attachments. The inimitable nature of the attachment relationship and the degree of the attachment must also be considered in the phenomenology of grief.

Bio-psychosocial Considerations of Grief and Loss in Childhood and Adolescence

Most parentally bereaved children and adolescents are able to adapt to the trauma of parental death and embark on a life defined by a new normalcy. Worden and Silverman (1996) found that 80% of parentally bereaved children and adolescents, ages 6 to 17 years of age, experienced normal grief reactions one and two years following the death of a parent. Unfortunately, their findings also conclude that one in five parentally bereaved

children and adolescents had both long and short-term coping difficulties (Stikkelbroek et al., 2012; Wordon, 2009; Wordon & Silverman, 1996). These included depression and dysphoria, anxiety, somatic complaints, as well as heightened feelings of fear and anger (Brent et al. 1995; Cerel, Fristad, Verducci, Weller, & Weller, 2006; Kalter et al., 2002; Melham, Moritz, Walker, & Brent, 2008). In general, parentally bereaved children face an increased risk of significant disturbance in self-esteem and self-efficacy (Balk & Corr, 2001; Haine et al., 2003; Schmiede, Khoo, Sandler, Ayers, & Wolchik, 2006). The loss of a parent may also portend increased social withdrawal, regression in developmental milestones, and lower external locus of control (Cohen, Mannarino, & Deblinger, 2006; Haine et al., 2003; Stikkelbroek et al. 2012).

Parental bereavement during childhood may also influence psychological and physical health during adulthood due to stress related chronic illnesses (Agid et al., 1999; Appleby et al. 1999; Hagen et al., 2010; Kendler, Sheth, Gardner, & Prescott, 2002). The loss of a parent may also negatively influence academic performance as well as interpersonal relationships (Balk & Corr, 2001; Cerel et al., 2006; Dowdney, 2000). It must be noted that many children who experience the death of a parent do adapt to this traumatic experience and do not develop complicated grief or long-term psychiatric problems (Dowdney, 2008; Stikkelbroek et al., 2012; Wordon & Silverman, 1996). However, the potentiality of vulnerability to risk is increased in this population and cannot be understated given that bereaved children do experience a grieving process. Furthermore, the ramifications of grief and loss as a result of parental bereavement are further complicated by the contextual complexities and developmental changes inherent in childhood and adolescence.

Contextual Factors in the Grief Response

Complicated bereavement or childhood traumatic grief (CTG) is defined as “a condition in which trauma symptoms impinge on the child’s ability to successfully address the normal tasks of grieving” (Cohen, Mannarino, & Knudsen, 2004, p. 1225). For clarification, the term bereavement is defined as “a person’s reaction to a loss by death” whereas grief is defined as “the emotional and/or physiological reaction to a significant loss, not necessarily limited to loss by death” (Hensley, 2008, pp. 117-118). Of important distinction is the potential for traumatic grief, which is a complicated bereavement response that includes symptoms such as “preoccupation with the deceased, searching, and yearning” (Hensley, 2006, p. 188).

Characteristics of Parental Death

Dopp and Cain (2010) posit that the child’s ability to anticipate their parent’s death as well as variables related to the child and family affect the intensity and duration of bereavement outcomes. Traumatogenic elements, such as the nature of the parent’s death, also influence the grief process. The research literature regarding the trajectory of an anticipatory death as compared to a sudden parental death lacks consistency due to small samples, inappropriate control groups, and short-term follow-up among bereaved children (Wilcox et al. 2010). Cerel et al. (2006) suggest that despite the expectation that the sudden death of a parent would bode an increased risk of complicated bereavement, there are also the emotional and physical difficulties inherent in a situation where a child anticipates the death of their terminally ill parent and therefore no difference in adaptation following the death. Parental bereavement due to a traumatic and sudden nature, such as suicide, homicide, heart attack, or auto accident, may be more difficult to process and

accept due to higher levels of disbelief and anger (Maciejewski, Zhang, Block, & Prigerson, 2007). It is worth noting that in longitudinal studies with large samples that evaluate parentally bereaved to same aged non-parentally bereaved children and adolescents, the nature of death (anticipatory or sudden), as well as pre-existing mental health considerations suggest that a sudden death (heart attack or auto accident) or traumatic death (suicide, homicide, or natural disaster) indicates a higher risk of complicated grief (Brent, Melhem, Donohue, & Weller, 2009; Cerel et al., 2000; Currier et al., 2007; Melhem et al., 2010). Remarkably, children who had knowledge of a parent's terminal illness diagnosis within six months of death reported significantly less acceptance of the death within six months post parental death than did children who had longer anticipatory knowledge of their parent's terminal diagnosis. This suggests that the manner of death and forewarning of the death affects the trajectory of the grief process (Currier et al., 2007; Maciejewski et al., 2007).

Children bereaved by parental suicide as compared to children bereaved by a non-suicidal parental death had greater levels of anger, shame, and anxiety within one year of death but similar rates of Post-Traumatic Stress Disorder (PTSD) or suicidal ideation (Cerel, Fristad, Weller, & Weller, 1999; Cerel et al., 2000; Hensley, 2006; Pfeffer, Jiang, Kakuma, Hwang, & Metsch, 2002). Pfeffer et al. (2002) reported that children whose parent died suddenly had significantly more depressive symptomology at 18 months post parental death than did bereaved children who experienced parental death due to cancer. Children and adolescents who experienced parental loss had higher rates of depression compared to control subjects. Further, bereaved adolescents with parental suicide had higher rates of alcohol and other substance use (Brent et al., 2009). Dowdney (2000)

argues that traumatic parental death, such as suicide or homicide, has been associated with the occurrence of PTSD. The manner of parental death and the child's age is also associated with an increased long-term risk for suicide or hospitalization for suicide attempt, as well psychiatric illness, including depression and PTSD (Brent et al., 2009; Cohen et. al., 2004; Melhem et al., 2010). Interestingly, Cohen et al. (2004) found that children and adolescents were more severely affected and at risk of adverse outcomes as compared to individuals who were young adults at the time of their parent's suicide. With respect to attachment theory, children and adolescents who lose a parent due to violent causes experience more traumatic distress due to the inherent nature of this separation (Currier et al., 2006; Pfeffer et al., 2002).

Relational Constructs and Guilt and Shame

The parentally bereaved child's feelings of guilt and shame may portend an increased risk factor for complicated bereavement. Children may feel guilt or shame for experiencing a sense of relief that their deceased parent is no longer suffering from a painful and prolonged illness. They may also feel a relief from caregiving responsibilities or feelings of abandonment because their ill parent was no longer able to care for them as they once did prior to illness. Children may also feel responsibility for conflicts they may have had in their relationship with the deceased parent or other experiences that may have undermined their sense of security, such as abuse or neglect or separation anxiety (Cohen et. al., 2004; Hawton, 2012; Worden & Silverman, 1996). Parentally bereaved children may feel guilt for fleeting moments of happiness and attention away from memories of their deceased parent or may feel shame for exhibiting their own grief for fear that they will cause their surviving parent additional distress and sadness. In addition, parentally

bereaved children may blame themselves for their parent's death or may fear that death is contagious, given the ego-centrism of early childhood development (Kirwin & Hamrin, 2005). It is not uncommon for a surviving parent to become distressed at seeing their young child play or laugh while they, themselves, suffer intense emotional and physical grief. Ironically, parentally bereaved children may feel guilt and shame for feelings of anger toward their deceased parent for abandoning them and causing them so much pain (Wolchik et al. 2006). This is particularly salient in the case of parental suicide. Dunne & Dunne-Maxim articulately note, "guilt is a way of making the world less chaotic and some guilt is probably important to counteract the feelings of helplessness a suicide may engender (as cited in Walsh & McGoldrick, 2004, p. 276).

Stigma and Disenfranchised Grief

It is important to note that complicated grief is inherent when the manner of death is stigmatized. Death as a result of suicide, homicide, HIV/AIDS, or substance use may engender blame or rejection due to religious and social traditions or cultural belief systems. Survivors may experience a different level of support and sometimes rejection due to the stigma associated with the loss. Suicide may foreshadow a more difficult adjustment for the bereaved child and surviving parent due to the sadness, stigma, and sense of denunciation associated with this manner of death (Brent et al., 2009; Cerel et al., 2000; Hawton, 2007; Pfeffer et al., 2002; Stroebe et al., 2006). This disconnectedness, or disenfranchisement, causes survivors to retreat into guilt and shame, exacerbating their grief (Bryant & Peck, 2009; Cerel et al., 2000; Doka, 2002). Children of parents who complete suicide are particularly vulnerable to suicide (Brent et al., 2009; Jakobsen & Christiansen, 2010; Stroebe et al. 2006). Taken further, death by its very nature engenders

stigma due to a societal inability to engage with the concept of mortality. Draper and Hancock (2011) note rather eloquently, “there are aspects of society that relegate grief to the private world of the individual, creating the risk that certain emotional needs may be ignored” (p. 286).

Protective and Risk Factors

The surviving parent’s grief response affect on the parentally bereaved child.

The functioning level of the surviving parent or caregiver is an important consideration and cannot be overstated in evaluating a child or adolescent’s adjustment and adaptation to the death of their parent (Hagen et al., 2012; Kwok et al. 2005; Worden, 2008). One of the primary stressors following the death of a parent is the increased psychological distress of the surviving parent in their own grief response, which may in turn, compromise the surviving parent’s ability to care for their bereaved child. Thus, the parent may inadvertently foster an increased vulnerability for their parentally bereaved child to experience mental health and social adjustment issues (Kwok et. al. 2005; Wolchik et al., 2006; Worden, 2008). Grieving children look to their surviving parent as an anchor as they work to create a sense of meaning of this unimaginable loss. If the surviving parent experiences complicated grief, the parentally bereaved child is at an increased risk for a complicated grief response as well, given the surviving parent models social learning of the grief response (Hamden et al., 2012).

Child and parent stress following the loss can be conceptualized as a series of untenable and uncontrollable stressful events that affect a multitude of variables within the parentally bereaved family unit. The parent’s death may lead to a decrease in economic resources, modification in residence and community supports, change in school and loss

of established friends, increased caretaking and household responsibilities for the surviving parent, decreased time with the surviving parent, and change in the child's caretakers (Wolchik et. al., 2006; Worden, 1996). Within the context of parental death, behavior changes with the surviving parent can compromise the child-parent relationship through inconsistent interpersonal interactions as well as ineffective discipline (Haine et. al. 2008; Kwok et al., 2005; Raveis et al., 1999; Wolchik et al., 2006). In addition, Worden (2008) suggests, "children with a poorly functioning parent showed more anxiety and depression as well as sleep and health problems" (p. 232). Furthermore, the parent of a parentally bereaved child should be evaluated for caregiver related depression as well as Post Traumatic Stress Disorder, particularly in circumstances of traumatic death (Hamden et. al., 2012).

Wolfelt (1996) proposes, "bereaved children are at risk of developing emotional problems, but only if they are not completely compassionately companioned in their grief journey" (p. 197). Children and adolescents need support, nurturance, and continuity after the loss of their parent. Thus, the emotional and psychological needs of the parentally bereaved child must be evaluated and supported in tandem with the surviving parent (Hagen et al., 2008; Worden, 2008).

Normalization and role-reassignment. In addition, most families exist within a type of homeostatic equilibrium and the death of a parent forces a reconfiguration to reestablish this balance, regardless of whether the family was functional or dysfunctional. In the wake of this profound loss, the child and surviving parent must both begin to reconstruct a new normalcy and negotiate the cascade of stressful changes within the context of caregiving and managing daily life. Role reassignments are re-evaluated and

delegated as the family sorts through the roles the deceased parent once occupied.

Inappropriate and burdensome role reassignments often exacerbate and complicate the grief response in parentally bereaved children and adolescents.

Invariably, a parent's death may engender considerable guilt due to conflictual feelings about the parent-child relationship (Hagan et al., 2012; Kwok, Haine, Sandler, Ayers, Wolchik et al., 2005). Children and adolescents who lose a parent often feel alone and isolated in their grief and lack the support of peers who may not be able to relate to this traumatic and distinctive experience. Friends may not have the emotional maturity to support their bereaved friend and the intense emotions that may arise from the grief experience. Peers may also distance themselves from a bereaved friend as they fear the possibility that they are also vulnerable to parental loss (Edgar-Bailey & Kress, 2010). Children and adolescents often feel increasingly different and alone in their grief among friends whom they perceive as lacking an authentic understanding of their loss (Walsh-Burke, 2006; Worden, 2009).

Positive parenting in fostering resilience. Positive and effective parenting is an important factor in supporting the child's grief process, thereby reducing vulnerability to mental health problems in children and adolescents (Hagan et al., 2012; Kwok et al., 2005; Lin, Sandler, Ayers, Wolchik, & Luecken, 2004). Haine et al. (2008) eloquently note, "a positive parent-child relationship reflects the parent's creation of a supportive and structured environment that allows for open communication and includes a balance of warmth and effective discipline" (p.116). Research by Kwok et al. (2005) extends the evidence of the importance of warmth and consistent discipline within positive parenting in fostering resilience in parentally bereaved children. A strong relationship with the

surviving parent reduces vulnerability to a complicated bereavement response by supporting the parentally bereaved child in their adaptation to the loss (Haine, Wolchik, Sandler, Millsap, & Ayers, 2006; Kwok et al., 2005; Rickman, Silverman, & Norman, 1998; Raveis et al., 1999; Saler & Skolick, 1992).

Parental warmth is also a mitigating factor in a parentally bereaved child's grief response as lack of parental warmth and mental health problems have been established as risk factors for complicated grief (Haine et al., 2006). Haine et al. (2006) define elements of parental warmth as "general positive regard for the child, conveying acceptance, expressing affection, and providing emotional support" (p. 116). In addition, parental warmth can foster a sense of safety for children through emotional support and reinforcement in parentally bereaved children's problem solving efforts in coping with the demands of a changed landscape (Sandler et al., 2003). The surviving parent's emotional expressions foster a supportive environment that allows children, and adolescents in particular, an opportunity to express their own repertoire of feelings and emotions (Hamden, Melhem, Porta, Walker Payne, & Brent, 2012; Hope & Hodge, 2005; Nickman, Silverman, & Norman, 1998). Warm and responsive parenting provides parentally bereaved children, who have a heightened need for support and reassurance, that they will continue to be loved, nurtured, and valued in the midst of the inherent disruption and uncertainty that follows after the death of a parent. Children and adolescents need to know that they are safe and will be continued to be cared for, even if they do not express this concern directly (Worden, 2008).

Communication and openness to feelings. Individual differences, cultural considerations, gender, and generational factors within a family lend credence to the

possibility that members will grieve differently from one another. Furthermore, research by Raveis (1999) found that children who have relationships with their surviving parent that are characterized by open communication and openness to feelings are more likely to adjust to parental death and less likely to experience depression and anxiety. Surviving parents can utilize open communication to express their own feelings about the loss so that the child is encouraged to express his/her own feelings. Parentally bereaved children also need their surviving parent and other important family members to listen to their questions so that they are able to experience these responses as consistent while in their struggle with the intensity and multitude of their own feelings (Worden, 2008).

It is crucial to consider developmental age in evaluating children's grieving process. Younger children may not be able to verbalize or articulate their feelings about the death, as they may appear unaffected. However, children do grieve by manifesting their feelings through behavior and play (Geis, Whittlesey, McDonald, Smith, & Pfefferbaum, 1998). Therefore, the surviving parent and/or other important family members must reach out in consideration that children and adolescents, in particular, are less likely to initiate communication regarding their feelings and beliefs about their parent's death. It is also imperative that the surviving parent and other family members allow for the possibility that the child or adolescent who retreats or goes underground, so to speak, is not necessarily unwilling or unable to speak of the unspeakable loss, but perhaps has not yet found a meaningful or safe place in which to do so.

Previous mental health functioning and psychiatric history. Children or adolescents who have a previous history of depression or any other psychiatric disorder appear to be at a greater risk for complicated bereavement (Dowdney, 2009; Gray et al.,

2011; Pfeffer et al. 2002). Furthermore, parentally bereaved children who are not supported in the early stages of the grief process can develop emotional and psychological problems that can lead to the development of psychiatric disorders, particularly depression (Kirwin & Hamrin, 2005; Pfeffer et al., 2002). Hamden et al. (2012) found that parentally bereaved children who experienced depression within the first two months after parental loss were similar to children who experienced later bereavement depression, with symptom onset at least 12 months post-death with respect to symptomology, severity, duration, and risk of reoccurrence. Interestingly, children who experienced depression within the first two months were younger, exposed to fewer life events, and less likely to have feelings of worthlessness. Furthermore, parental death can impact a child's self esteem, with lower self-esteem being associated with greater mental health concerns in parentally bereaved children (Dowdney, 2009; Haine et al., 2008). In theory, it may be expected that mental health symptomology with respect to internalizing and externalizing problems will occur immediately following the parent's death, decreasing as the child re-establishes a restructured paradigm reflective of the loss. However, the trajectory of parentally bereaved children and adolescents is not always clear (Schmiege, Khoo, Sandler, Ayers, & Wolchik, 2006; Wolchik, Tein, Sandler, & Ayers, 2006).

Research, scholarship, and tools that measure child and adolescent grief, in particular, and complicated grief, specifically, must also consider variables that may compromise data on parentally bereaved children (Saler & Skolnick, 1992). Limitations may include the possibility that recently bereaved children suffered from undiagnosed and/or untreated depression or anxiety prior to their parent's death. The child's relationship with the deceased parent is also a salient variable as this relationship may

have an influence on the child's adjustment to that death as well as subsequent mental health issues. Historical information of family psychopathology should be considered, with caution, due to heritability and genetic loading of some mental health diagnoses. Clarification of these factors allows a more complete vulnerability risk profile of the parentally bereaved child.

Neuroendocrine Stress Response in Parentally Bereaved Children. Luecken & Appelhans (2006) found that the long-term implications of early childhood parental loss is moderated by the quality of the family relationship in that early loss was associated with greater endocrine dysregulation, or hormone secretion, as well reactivity to stress if the relationship with the surviving parent is poor in nature. Stoppelbein and Greening (2000) found that children living with a parent who met diagnostic criteria for Post Traumatic Stress Disorder (PTSD) usually scored high on measures of PTSD as well. Positive parenting is a mitigating factor in cortisol regulation. Cortisol is a steroid hormone released as a response to stress. These stress responses of the body lead to neuroendocrine biological distress symptoms (e.g. hypothalamic-pituitary-adrenal (HPA) axis dysregulation). As a result, the risk of psychological disorders in children and adults is increased (Davies, Sturge-Apple, Cicchetti, & Cummings, 2007; Hagan et. al, 2010; Kaplow, Prossin, Shapiro, Wardecker, & Abelson, 2011; Luecken & Appelhans, 2006). These findings reiterate the importance of an emotionally stable and consistent home environment to foster a sense of efficacy and control in parentally bereaved children, thus reducing the heightened risk of physiological systems involved in the body's stress response. It is of importance to note that this is not to suggest that the grieving parent should in any way be blamed or shamed because of their grief response. This is to

suggest, however, that both the parent and child must be supported in their grief to mitigate long-term physiological and psychological vulnerability.

Co-morbid Factors in Evaluating Child and Adolescent Grief

Adolescence and emerging adulthood. Erik Erickson developed an eight-stage theoretical model of psychosocial development positing adolescence as a period of existential crisis. *During Identity vs. Role Confusion*, Erickson's fifth stage, adolescents navigate the transition from childhood to adulthood. This identity crisis marks a period in which an adolescent struggles to understand and clarify personal belief and values as apart from parents or peers. This is a time of much confusion and uncertainty as adolescents vacillate between the conflicting roles of child and adult in their creation of sense of self. Erikson (1968) further posited that adolescents experience a *psychosocial moratorium* "during which the young adult through free role experimentation may find a niche in some section of society" (p. 156). It should be noted that this period of prolonged adolescence exists primarily in western society as adolescent role experimentation allows for a delay in social expectations and commitments inherent in adulthood. It is of relevance to note that the concept of prolonged adolescence is not a universal phenomenon.

Erikson's theory of prolonged adolescence is reflected in Levinson's *novice theory* of development during the period of ages 17 through 33 (Arnett, 2000, p. 470). This phase encompasses the eventual mastery of creating stability despite the inevitable changes and uncertainty inherent during this time of existential, academic, and romantic exploration. Arnett further articulates this period of identity formation as distinctly separate from adolescence and adulthood. His theory of emerging adulthood posits that

the three main issues of identity exploration and formation are love, work, and worldviews. Arnett (2000) posits that emerging adulthood, per se, is a time of heterogeneity as individual differences, cultural expectations, and the opportunity for role expression differ among this age group. Despite the inherent diversity within emerging adulthood, it is crucial to recognize and understand the unique needs and characteristics of this period of lifespan development.

Consideration of grief and loss in middle childhood and adolescence.

Developmentally speaking, middle childhood and adolescence is characterized by an increasing desire for independence. With respect to adolescence, in particular, “the family must renegotiate intergenerational relationships, from the dependency and hierarchal authority of parents over children of childhood and adolescence as a more equal balance of adults to adults” (Walsh & McGoldrick, 2004, p. 31). Parents and adolescents must reevaluate caretaking roles and responsibilities through this developmental transition. This transition is part of normal development, yet may be fraught with conflict and frustration for both parent and offspring, particularly if there was tension within the family of origin. Walsh & McGoldrick (2004) further assert, “in families where relationships have been extremely close or intensely conflictual, young adults may cut off entirely in order to gain physical and emotional distance” (p. 31). This point illustrates the trajectory of adolescence toward autonomy and social self-efficacy. The emotional and psychological vicissitudes of this developmental period may suggest more complicated grieving in the adolescent (Brent et al., 2012; Melhem, Moritz, Walker, Shear, & Brent, 2007). For example, due to an adolescent’s temporal proximity to adulthood, the surviving parent and other family members may have unreasonable role reassignment expectations

(Wolfelt, 1990). The added responsibilities of caring for younger siblings, working longer hours in order to support the family, and the reduced opportunity for creating and maintaining peer social networks can exacerbate and delay grieving for adolescents (Rubin, Bukowski, & Parker, 2006; Thompson, Flood, & Goodvin, 2006).

Webb's (2002) discussion of adolescent responses to parental death is helpful in better understanding the unique needs of this population. "With adolescence, increasing cognitive, intellectual, and social development allows greater maturity in thinking and reasoning" (p. 8). Like adults, adolescents can feel numb and in a state of disbelief over the death of their parent. In addition, it is not uncommon for adolescents to developmentally regress. Adolescents may feel conflicted about wanting to be cared for at this time by the surviving parent while simultaneously feeling a sense of responsibility and pull toward perceived adult behavior. Typical adolescent behaviors can become a source of guilt, not only because of conflict with the deceased and/or surviving parent, but also because of guilt in wanting to once again engage in previously held social activities. Anger, withdrawal, frustration, and lashing out at others are coping mechanisms that adolescents use to gain some control over their lives. The surviving parent and other family members may view the adolescent as self-centered, indifferent, callous, and uncaring about themselves, the surviving parent, and/or the deceased parent. It is essential that the surviving parent, family members, and clinicians evaluate these grief and mourning behaviors as developmentally appropriate adolescent behavior (Brent et al., 2012; Hagan et al., 2012; Webb, 2002).

Conceptual Framework

Attachment Theory

John Bowlby developed his theory of attachment to describe the innate propensity to create strong affectional bonds with others, first between the parent and child, and subsequently with specific individuals, such as romantic partners. Attachment behaviors create and maintain a “homeostatic relationship with loved ones.” In the event that these bonds are endangered or broken, a strong emotional reaction and attachment behaviors become activated in an attempt to restore the bond. Worden (2008) notes, “the greater the potential for loss, the more intense and varied the actions are.” (p. 14). If the attachment relationship does not return due to separation or death, natural grief reactions are set into motion, facilitating despair and detachment (Black, 1998; Kirwin & Hamrin, 2005; Worden, 2008). Bereavement is the psychological and emotional state that results from the loss of an important attachment (Shear et al., 2007). A complicated grief response occurs if the acutely bereaved child is unable to adjust to the cascade of effects created by the incalculable loss.

In 1961, Bowlby’s proposed three phases of grief within his attachment model: the urge to recover the lost object, disorganization and despair, and reorganization (Bowlby as cited in Rando, 1984, p. 24). It should be noted that in 1980, Bowlby and Colin Murray Parkes offered a revision to Bowlby’s original thesis proposing that there are four stages of adjustment in bereavement: shock-numbness, yearning-searching, disorganization-despair, and reorganization (Maciejewski, 2007).

Methods

Research Design

The research question is: What is the Phenomenology of Complicated Grief in Parentally Bereaved Children and Adolescents? The hypothesis explores contextual variables that portend risk or are protective within the etiology of complicated grief. Participants in this study were adult individuals who experienced the death of a parent or custodial grandparent during childhood or adolescence. The researcher utilized a structured interview schedule with open-ended questions.

This was a retrospective qualitative research design that is exploratory in nature. Creswell (2009) defined the qualitative approach as one in which “the inquirer often makes knowledge claims based primarily on constructivist perspectives (i.e., the multiple meanings of individual experiences, meanings socially and historically constructed with an intent of developing a theory or pattern)” (p. 18). Further, Berg (2009) describes qualitative research as referring to “meanings, concepts, definitions, characteristics, metaphors, symbols, and descriptions of things” (p. 3). Exploratory research was warranted given the scarcity of research regarding parental bereavement during childhood and adolescence. In addition, an exploratory approach allowed the researcher to gain insight into possible hypotheses and relationships of phenomena not clearly understood or defined.

Sampling

Participants in this study were adults between the ages of 20 to 50 who experienced the death of a parent or custodial grandparent during childhood or adolescence. Participant criteria included the experience of the death of a parent or

custodial grandparent between the ages of 8 to 25. Due to the emotional and sensitive nature of this topic, the parent or custodial grandparent's death must have occurred at least three years prior to the scheduled interview. In addition, individuals who were actively grieving the death were excluded from the research.

The researcher used availability sampling, also referred to as convenience or accidental sampling, as well as snowball sampling methods to recruit potential participants. Availability sampling allowed the researcher to seek out participants that are readily available given the impossibility of locating an exhaustive sample (Monette, 2008). In addition, the researcher utilized snowball sampling as an appropriate sampling technique by recruiting participants through social media, including the researcher's personal Facebook and Twitter accounts. The researcher requested that Facebook and Twitter social media contacts share the research posting with potential participants. Snowball sampling tapped into a population that may share their experiences with one another given the unique experience of childhood parental bereavement. In addition, the researcher posted a flyer at the University of Saint Thomas Interprofessional Center for Counseling and Legal Services (IPC) with the permission of the Director of Social Work Services.

Setting

The researcher contacted potential participants by email, phone, and Facebook to schedule a mutually agreed upon private or semi-private meeting place that afforded the participant privacy and confidentiality as well as facilitate the recording process. In addition, the researcher conducted audio-recorded phone interviews with participants who were unable to meet in person due to proximal considerations.

Protection of Human Subjects

The researcher discussed and reviewed the IRB consent form with each participant prior to the commencement of the interview. (Please reference the University of Saint Thomas IRB research participant consent form number 525575-1). The researcher provided subject topic information as well as telephone and email contact information on the IRB consent form and submitted to Dr. Ande Nesmith, Ph.D., LISW, committee members, and the University of Saint Thomas Institutional Review Board (IRB) for final approval prior to the scheduled interviews. The participants were informed that the interview length would be approximately 45 minutes in duration and that the entirety of the interview would be recorded and transcribed. In addition, the researcher used content analysis to analyze the data. The actual recording and transcriptions of said recordings were kept in a locked desk drawer at the researcher's home. The researcher assured each participant that only the researcher and Dr. Ande Nesmith would have access to the contents of the interview transcriptions. In addition, each participant was informed of the use of information and content of the interview for dissemination and publication and assured that all identifying information would remain confidential and accessible only to the researcher and Dr. Nesmith. The researcher informed each participant that the actual recordings and transcriptions would be destroyed by 01 July 2014.

Strengths and Limitations

Strengths of this research include participants' diversity of parental loss experience, including age at the time of parental loss, current age, and time since the parent or custodial grandparent's death. In addition, there was diversity in terms of participants' self-identified ethnic or racial background, sexual orientation, relationship

status, religious belief, socio-economic status, urban or rural background, as well as current living environment. Although the scope of this study is relatively small in nature, each participant expressed a strong interest in this field of study. In addition, the number of participants is impressive given the short time frame of the research project, and more specifically, the quantified period allowed for gathering and analyzing data.

Limitations of this study include the researcher's bias due to the lived experience of parental loss during adolescence. In addition, the researcher had pre-existing relationships with some participants, which may have affected the amount of information provided during the interview. Further, the sample size was relatively small in consideration of the actual population that has experienced parental loss during childhood, adolescence, and emerging adulthood.

Findings

The researcher interviewed eight adults who experienced the death of a parent or custodial grandparent during childhood, adolescence, or emerging adulthood. Table 1 reflects participant demographic information. Four participants were female and four were male. The participants ranged in age from 24 to 50 years old. At the time of parental death, participants ranged in age from 9 to 20 years old. Time since parental death ranged from 10 to 36 years. Three participants lost their mother, three participants lost their father, one participant lost her custodial grandfather, and one participant lost both his mother and father. All deaths were unexpected from the perspective of the research participant and their understanding of the contextual aspects of the death. One death was accidental, in nature, and the remaining deaths were the result of disease (i.e. cancer and cardiovascular), and included illness and dying trajectories of various lengths.

The researcher has selected pseudo names in order to maintain the confidentiality and anonymity of research participants.

Table 1

Demographics of interview participants

Pseudo Name ^a	Gender	Parental Relationship	Age at Parental Death	Current Age
Hannah	F	Grandfather ^b	9	26
Allison	F	Father	9	39
Kate	F	Father	13	47
David	M	Mother	14	50
Ben	M	Mother	15	29
Elizabeth	F	Father	15	24
Joseph	M	Mother	19	39
Chris	M	Father	16	40
Chris ^c	M	Mother	20	40

^a Pseudo names have been used to maintain the confidentiality and anonymity of research participants.

^b Grandfather was legal guardian and primary caregiver of research participant.

^c Chris experienced the death of both his father and mother.

Six interviews were conducted in person within the Minneapolis/Saint Paul, Minnesota metro area. Two participant interviews were conducted by phone due to proximal considerations as both participants reside outside of the metro area. Seven participants identified as Caucasian and one participant identified as Native American. Table 2 reflects demographic characteristics of parent or custodial grandparent and spouse/partner, as well as the parent or custodial grandparents' relationship status at the time of death. All research participants reported that their parents or custodial grandparents were in an opposite sex marriage/partnered relationship at the time of parental death.

Table 2

Demographics of parents or custodial grandparent at death

Pseudo Name ^a	Cause of Parent or Custodial Grandparent ^c Death	Age of Parent or Custodial Grandparent at Death	Age of Surviving Parent or Custodial Grandparent At Death	Relationship Status of Parents or Custodial Grandparents at Death
Hannah	Heart Attack	54	50	Married
Allison	Cancer	39	37	Married
Kate	Cancer	56	54	Married
David	Cancer	42	42	Married
Ben	Heart Disease	38	38	Partnered
Elizabeth	Accident	54	38	Married
Joseph	Aneurysm	48	unknown	Step-Parent
Chris	Heart Attack	45	46	Married
Chris ^c	Heart Disease	50	n/a	n/a

^a Pseudo names have been used to maintain the confidentiality and anonymity of research participants.

^b Grandfather was legal guardian and primary caregiver of research participant.

^c Chris experienced the death of both his father and mother.

Table 3

Description of family at death

Pseudo Name ^a	Siblings	Siblings at Same Residence	Ethnic Background	Religious Affiliation
Hannah	2	2	Native American	Christian
Allison	1	1	Caucasian	Christian
Kate	8	2	Caucasian	Christian
David	3	1	Caucasian	Christian
Ben	0	n/a	Caucasian	Christian
Elizabeth	3	3	Caucasian	Christian
Joseph	3	0	Caucasian	Christian
Chris	2	2	Caucasian	Christian/ Atheist
Chris ^c	2	0	Caucasian	Christian/ Atheist

^a Pseudo names have been used to maintain the confidentiality and anonymity of research participants.

^b Grandfather was legal guardian and primary caregiver of research participant.

^c Chris experienced the death of both his father and mother.

^d Chris reported that he was raised within a Christian denomination but now identifies as atheist.

Primary Research Themes

The researcher identified several common primary and secondary themes among the narratives through content analysis, although it is of importance to note that the participants' experiences of parental bereavement were unique and varied. Primary themes related to complicated grief include the surviving parent's grief response, pre-existing internal toolbox, normalization and affirmation of the grief experience, and meaning making. Secondary themes include isolation and disenfranchised grief, grief as a unique experience, sibling, family, and other support, and experiences of professional support. The researcher defines primary themes as those that are overarching and encompass the experiences of all of the research participants. Secondary themes were not

represented within the experiences of all participants. Nevertheless, these themes provide salient and relevant constructs that are reflected within the current research literature.

Complicated grief and bereavement related to contextual factors. In comparison with the existing research literature, the researcher noticed several primary and secondary contextual themes that are protective in nature or increase vulnerability to complicated grief in parentally bereaved children and adolescents and their surviving parent. An analogy of complicated bereavement, or complicated grief, is that the bereaved child or their parent is “stuck” and not able to move forward in their grief. The researcher noticed the theme of complicated grief emerging within the context of contextual factors.

Surviving parent’s grief response and its affect on the child. The researcher discerned that the surviving parent’s adaptation to the loss of their partner and/or child’s parent affects the child’s grief experience. Each participant discussed their surviving parent’s grief and adjustment to the loss of their spouse or significant other as having a significant impact on their own grief process. Hannah’s maternal grandparents gained primary physical and legal custody of her at age three, in addition to her two sisters. Hannah discussed the changes in her grandmother following her custodial grandfather’s sudden death due to a heart attack,

She kind of lost it a bit...she started kind of becoming like a hoarder a little bit.

Like, our house used to be super clean, and then somehow it just started collecting stuff. It was a little bit weird. She didn’t handle it well.

After her grandfather’s death, Hannah recalled that her relationship with her grandmother “got really weird for a while because she wanted the quick fix, like therapy and pills, and like, not really deal with it herself.” Elizabeth recalled that her mother’s grief response

created a dramatic change in her relationship with Elizabeth and her three siblings upon the death of their father who died as a result of an auto accident. Elizabeth mourned the death of her dad as well as the emotional loss of her relationship with her mother. Elizabeth also recalled a significant increase in the responsibilities of caring for her younger siblings and additional household chores due to her mother's increased emotional and physical absence. Elizabeth recalled the dramatic changes she observed in her mother's behavior,

Before it happened, I looked at my mom as being perfect. I never saw her drink. She always protected us. And then, after his death, it's like I lost both of my parents because she just went crazy drinking and partying.

Elizabeth recalled the trajectory of changes that occurred in the wake of the death,

I think my mom, I don't know, resented us or resented us for being alone, or resented not having any help or took it out on us, or blamed us...I don't know. She has had erratic dating and was not able to provide a stable home life after my father's passing. Still didn't find her way of life or working.

Allison recalled that her mother was not emotionally available to her or her brother in the same manner as before her father's death to a rare form of cancer,

Oh, she wasn't there anymore. She was very checked out, very, you know, she was on autopilot for about five years. She did all of the things she needed to do but she seemed a little vacant. You know, like her mind was preoccupied all of the time.

Kate, the youngest of nine children, recalled a change in her mother's perspective of parenting subsequent to her father's death to cancer,

My mom, she went and bought things. She decided to start a business that she always wanted to. She did things that she felt she was restricted from doing... we were kind of a restriction and she tried to shove that off.

Kate recalled a conversation she and her brother had with her mom shortly after her father died,

One specific thing that she did was, my brother and I, she sat us down after my dad died and she said to both of us, so whether or not she liked one of us more than the other, was that she was done being a parent. She had been doing it for 30 years and she was done.

David discussed the dramatic shift in his father's behavior shortly after his mother's death to cancer,

He distanced himself from us really fast. He would go out of town a whole lot more, like two or three times a month. And, it was just me and my younger sister at home at the time so he would give us like twenty dollars for the week for groceries and fend for ourselves. He just wasn't there for us.

Chris discussed his mother's grief process in the wake of his father's sudden death due to a heart attack,

She was angry...angry for a long time after that. She had health issues and she always expected to be the one to go first. I think she was totally unprepared for having to be the one to hold things together after he passed away.

Chris also recalled the contextual variables that exacerbated his mother's grief as well as the emotional loss of the mother that once was before his dad's death,

I think she was depressed. She had been battling a life-long illness. A heart illness, that I think she just knew that she wasn't going to have 80 years to live, you know. After my dad passed, I think she just kind of, she just let herself go. She just, it seemed like she was sinking downward a lot more.

Four years after the death of his father, Chris' mother died somewhat unexpectedly in her sleep at age 50 due to a chronic heart condition.

Several participants noted that their parent or grandparent had considerable difficulty coping with the loss of their spouse/partner. Elizabeth voiced sadness and bewilderment upon reflecting on her mother's difficulty in reinvesting in her life and the lives of her children after the death of her husband,

It was really different watching my mom change, or maybe become the person she always was, I don't know. She's not the person I thought. I don't know. I am still confused if she has always been like this and I just didn't see it because she was always such a protector. Like, she protected us when my dad was really abusive.

Elizabeth further articulated her belief of her mom as strongly invested in the past of what once was or could have been in life with her dad and is unable to accept the trajectory life has taken,

I still think she does not accept it...she's bitter about all of the ways she would have done things differently. Bitter that they didn't have life insurance policies. Bitter that when he died, she didn't become a millionaire. She is envious when she hears about when so and so's husband died and they inherited money.

Elizabeth further voiced her concerns that her mother has been unable to accept her father's death and the ramifications of his loss,

Even on social media, she is always posting. She is with someone, and has been dating someone for several years now, and constantly posts pictures of my dad all of the time, like he is still there. It's bizarre.

Individual pre-existing internal toolbox. The second theme that arose from the interviews was the individual's pre-existing toolbox. Individual differences based on unique personality traits, previous experiences, social learning, and relationship dynamics within the family affect the grieving process. An individual's pre-existing internal toolbox can be protective or increase vulnerability to risk based on how an individual is equipped to deal with adverse circumstances, such as the traumatic experience of the death of a parent, spouse, or loved one. Allison recounted that family life became unstable after her father's diagnosis of a rare form of cancer. "Life was pretty stable, but then things changed a lot when he was needing to travel." Allison recalled that there was uncertainty over who would care for her and her younger brother during her parents' frequent trips out of town seeking medical care for her father's illness. She and her brother would be in the care of various extended family, friends, and neighbors while her parents sought treatment. Chris recalled that he was able to cope within the solace and comfort of books and was a frequent visitor at the local public library. Hannah echoed a similar sentiment in coping with her grandfather's death and the subsequent strain in her relationship with her grandmother,

I totally lost myself in books all of the time. I did before, during, and after. I also began to write poetry after someone gave me 'The Road Less Travelled' by Robert Frost and I started loving poetry and writing poetry all of the time.

Hannah evoked memories of how reading, creative writing, and summer camps allowed her introspection and the outlets to cope with the loss, recalling, “I was an introverted, independent kid. So, I don’t think I would have benefited much from weird classes and stuff. That was the best therapy for me. You just go, survive in the woods.”

Hannah recollected that her grandmother insisted that she attend psychotherapy and take psychotropic medications, but Hannah found that this actually complicated her grief process. She recalled, “these pills are masking a lot of things, and I just thought, it was the wrong way to approach things.” Years later, Hannah talked with her grandmother regarding this approach to supporting her grandchildren in their grieving process.

Hannah’s recalled her grandmother’s reasoning, “I did not know what to do. I had three girls, and you were all just acting out and I did not know what to do, so I just put you all in therapy.” David discussed how playing the piano helped him cope immediately after his mother’s death, “I remember the day that my mother died and they pulled us out of school to let us know. Um, about the first thing I did was to go play piano for a while.” David recalled that playing the piano allowed him safety and respite in the midst of his grief and the multitude of changes within his family structure, “so, at church, I could play the piano, like after school and stuff. I could play the piano there.”

Normalization and affirmation of grief experiences: Reassignment and readjustment of family roles. The third theme that emerged in the wake of parental death was normalization and role reassignment as individuals adapt to the changes within the family unit in order to reestablish homeostasis. Elizabeth recalled the additional tasks of caring for her sisters and managing the household after her father died, “So, all of the responsibilities fell on me to take care of my younger siblings since I was the oldest and

was home.” Allison had a very different experience than Elizabeth in that her mother insisted that Allison and her younger brother not take on the physical responsibilities associated with chores. Allison recalled, “No, she didn’t want us to feel like we had more chores, or you know, didn’t want us to grow up early. But I think just mentally we ended up growing early.” Chris discussed the role change he experienced as the dynamics of his relationship with his mother changed after his father died,

The relationship felt more parental before. And then, after, it just felt like she needed somebody to support her, to be a friend to her. I don’t think she had too many friends after that, except for her family, who were out of town.

When the researcher asked Chris how he felt about the transformation within their relationship dynamic, Chris responded, “I was okay with it.”

In stark contrast to several other participants, Allison recalled that she and her brother had an open invitation to ask their mother questions about their father and how they were feeling, “Everything. We could talk about anything. So, that was good. Nothing was off the table.”

Insight and meaning making. All of the participants viewed the death of their parent or in Hannah’s case, custodial grandparent, as a definitive moment, describing this in terms of the loss or end of childhood. Hannah remembered the moment she came upon her grandmother and the ambulance after her grandfather collapsed in the family’s backyard garden, “It was a really weird experience for me because it was like this weird loss of childhood because I was playing hide-and-seek and then all of a sudden, I was like, what is happening?” In comparison to her peers, Hannah recalled the unique experience of losing her grandfather, “I definitely had to grow up in a lot of different ways very early.

There were a lot of things that I have gone through that my friends would have no idea about.” Ben described parental loss as something that those who have not experienced this type of loss cannot truly understand, and perhaps, take for granted. He discussed the keen awareness of the implications his mother’s absence has had on him,

It’s like more in planning for the holidays and things like that...it’s difficult to see other people who still have both parents... the majority of people I know have both parents and I’ve gone so many years without one.

Ben also noted that he was forced to emotionally and physically care for himself after his mother died,

I had to learn fast and make it on my own. So I think that people who have to put on a strong front and always have to rely on themselves all the time, they just build that defense up without even thinking about it.

Secondary Research Themes

Isolation and disenfranchised loss. The nature of loss, be it anticipatory or sudden, may indicate a normal or complicated grief experience. In particular, stigmatized loss, such as suicide, homicide, accidental death, and illness, may increase the likelihood of a complicated grief. One research participant recalled the circumstances of her father’s death,

He was an alcoholic and he had been drinking, and he had been driving home, and he was probably a half-mile home and he hit a water tank truck on the side of the road and he hit his head on the windshield and he died.... the weird thing about what happened was that his airbag didn’t go off. And the reason why it didn’t go off is because a couple of months prior, he had also been drinking, rear-ended

somebody and went into a buddy's shop to avoid going through insurance by stuffing his airbag back into his car.

Elizabeth recalled that her father's death was an inevitability, "It would have happened one way or another with drinking and driving because that was very common." Elizabeth elaborated on the relationship with her Dad...

I do have good memories, but most of them are involving him being really vulgar and mentally abusive, very mentally abusive...physically abusive really only a few times. He really just struggled with demons...and 70% of the memories are those memories.

Kate recalled her father's cancer diagnosis and death nearly 34 years ago, "It just wasn't that prevalent. Or if it was, people weren't talking about it. I think a kid that age today would know other kids in that situation. There is just that awareness now." Kate recalled that her father's death, or death in general, was not discussed. "You just didn't talk about religion and politics so why would you talk about death in the family or a horrible illness? You just didn't." Allison recalled a sense of increased isolation when she began receiving invitations for play dates from kids that she did not really know prior to her father's death, "Kids that didn't give me the time of day beforehand all of a sudden were calling and I knew it was because their parents were having them do it...I felt like it was a pity call." Elizabeth recalled her experience returning to high school after her father died, "It was weird because everyone was almost afraid to talk to you or they treated you differently." Kate echoed an analogous experience, "you can feel that as you walk the halls in school. Just like, just the fear of it. It was fear. You know, I think at the time, I sensed the fear but I did not know what it was."

Kate discussed the unique position she experienced after losing her dad to cancer,

You feel alone in the fact that when you go back to school, after your parent died, and the kids are looking at you, your classmates, like you are an alien because you are the only one who has that experience, especially the younger you are... I didn't feel alone in a super isolated alone thing, but I felt alone in the experience.

Grief as a unique experience. All of the research participants expressed the uniqueness of the experience of losing a parent during childhood or adolescence. Joseph recalled the experience of friends offering their condolences upon his mother's death,

The loss of your parent is exactly that, the loss of your parent. Your life will be forever changed and forever altered. And somebody saying 'oh I feel bad for you,' it really doesn't do anything. The facts are on the table. And I was very much in the know of that...the loss of your mother puts you in this club that you only get a membership the hard way. And nobody gets it or knows it until they get their membership the hard way and it's a bitch.

Chris echoed the unique sentiments offered by other participants,

I think people who haven't lost a parent, don't necessarily know what it's like until they lose a parent...how different people feel after they lose a parent because I think there is a security that a lot of people have who still have their parents still around have. Because, their parents are there even if they're not on good terms, or they can still pick up the phone and say 'hey mom and dad, what do you think about this?'

Allison recalled a change in perspective upon her father's death,

I think that when you are a child, you live in this sweet world of just assuming that your parents are going to be there. I'm not saying in every situation, but in a typical situation. And there is some kind of safety net in that and I think that safety net was taken away...when you are young, you just think there is a plan in life and I realized that the worst thing can happen to anybody. So, I guess it changed, my, you know, there's not always that happy ending.

Allison further elaborated on the impermanence of life, an attitude that permeated the participant interviews, "Loss is definite. This is what's going to happen in life. Nothing is ever going to be for sure." Allison expressed that her father's death allowed her a inimitable perspective of life as a nine year old, "You realize that none of this stuff really matters. Because, really, the only thing that does matter is to spend time with the people that you love." Chris examined how his spiritual and religious views shifted after his parents died, "People can't worry about the afterlife. They have to worry about the here and now." All of the participants noted the individuality of the experience of grief. Allison recalled how that she and her brother grieved in different ways after their father died,

I think everyone is different. My brother handled it differently than I did and we were in the exact same house with the same person taking care of us. We both responded to it differently. I just think it is so individual...you know, the reactions.

Hannah recalled that her older sister had the most difficulty with their grandfather's death. "She started acting out a lot. Running away a lot." Hannah's sister was placed in institutions and foster homes until moving out of state to live with her father's relatives.

Hannah recalled that her younger sister handled the death differently than their older sister, “She just got more social and made more friends.” Joseph detailed the manner in which his siblings have coped with their mother’s death during the 20 years since her death, “Definitely spending, over-eating. You know, self-medicating with alcohol and other substances. And all of them in a different way.” Elizabeth echoed this sentiment in how she and her siblings have dealt with their father’s death, “We all took it differently.” Elizabeth noted that her older sister has become deeply involved with a religious organization while her younger sisters have struggled with periods of alcohol and substance use as they all try to cope with their father’s death and the trajectory of their mother’s emotional, social, and financial difficulties.

Sibling, family, and other support. All participants discussed the issue of support mechanisms and the impact this had in their grieving process. Chris recalled that he “didn’t really feel a lot of lot of support” from extended family members. “They came in and helped with a couple of things. I never felt like they were there very much, other than because it was expected.” Chris and his sister relied on each for support in the wake of their parents’ deaths. He mentioned that he and his sister supported each other as they struggled in their own grief processes. Chris recalled the relationship with his sister as a stabilizing force,

Spending time with my sister. After my mom died, you know, my sister and I grew. We were supportive of each other. We had out fights, stuff like that, but I think we were supportive of each other for the most part.

Hannah noted the relationship with her younger sister has evolved in the years since their grandfather’s death , “My little sister and I became closer. We just kind of became closer

every year since. But, it's a weird, unspoken thing." Kate recalled the support of her older brother, who still lived at home at the time of their father's death, as well as the support of her older siblings who had already moved out of the house to begin families of their own, "The nine of us to this day are pretty tight." David recalled the support of neighbors and church members who provided him with a sense of stability during a time when family dynamics were rapidly shifting. David recalled,

My mother was well liked and they treated us nicely...it was friends and church people that helped me keep busy and out of the house. Just getting me through those few years until I could leave and just start my own life.

When asked if he had school supports such as teachers or a school social worker, David replied,

I had no social workers. I had friends...that I would stay with after school. And on Fridays, we would have an event at church on Friday nights. So, after school, this one family would take me. I would go home with them and have dinner with them. And then, they would take us to church and that was very nice and then on weekends we would have other families that would invite us to do stuff.

Elizabeth discussed the immeasurable love and support she received from her maternal grandfather, upon whom she could always rely. She recollected that her grandfather was the only person who was able to communicate effectively with her mother in the aftermath of her father's death, "My grandpa, my mom's dad, was my biggest support, but he passed away two years after...Grandpa was able to shut her down." Elizabeth felt that her grandfather's death exacerbated her own grief of her father's death and that of her mother's already prolonged grief response.

Several participants mentioned the importance of routine and structure in the aftermath of the loss. Chris recalled that his friends allowed him a sense of normalcy and alleviated the isolation he felt in losing both of his parents at a young age. “I had a few friends that always called and they always checked in... I think really the best thing they did was let me continue living instead of dwelling on it all of the time.” Kate reiterated this sentiment and she, too, sought out the regularity of talking with friends without the topic of her father’s death always being the main focus of conversation. Ben recalled that work was helpful in maintaining normality, allowing him a break from thinking about his mother’s death and his dad’s difficulty in grieving the loss. He noted, “I had some part-time jobs that kept me busy and stuff like that. I mean, I think having things to do, you know, helps distract yourself a bit.” Chris echoed Ben’s sentiment in that his part-time job gave him purpose based on the expectation that he work hard and be consistent, “They expected me to show up on time and do my thing. I think that was probably the best, healthiest thing for me, to have something to do, to focus on. Hannah recalled the support and stability, amidst the chaos, which she received from her biological mother with whom she did not live,

She like never broke the routine. She called us on the phone every week, so I talked to her on the phone for like half an hour every week, just to update my life and stuff. And she would still send me letters too, in between that. And we would see her in the summers.

Hannah recalled that her grandmother was not able to support her in her grief process as she was overwhelmed in her own experience of grief. Hannah reiterated the importance of the consistency that her biological mother provided in the aftermath of the loss,

The stability and communication was helpful for me...my grandma was like, going off the deep end but my mom made sure to always call me, same time every week, and maintain that routine, which I think was the most helpful thing in the world.

Experiences of professional support. Shortly after their father died, Allison's mother enrolled her and her brother in a grief support group for parentally bereaved children. Allison recalled,

She did the right thing by introducing us to other kids that, you know, had lost a father. And I truly think that is probably one of the most important things for kids to know that they are not alone.

Ben discussed his perception that there are increased community resources and therapeutic supports for parentally bereaved children since he experienced his mother's death. He observed, "It has only been 15 years ago. Just then until now as far as resources, there are a lot more out there now, even though it doesn't seem that long ago." Ben added that parentally bereaved children and their surviving parent or caregiver do not uniformly utilize support in the same manner or immediately in the aftermath of the loss. Instead, he offered, "It is nice to be offered the resources, but there has to be a timeframe. I don't think everybody is ready to talk about it right away."

Several participants felt strongly that it is important for a stable, consistent, and supportive adult figure to be present and available in the parentally bereaved child's life to guide and support them. David discussed the importance of the surviving parent's adaptation the death, "You know, how the surviving parent acts is really important to how the kid is going to react." Elizabeth recalled the isolation she felt in school and how she wanted the support of teachers, school social workers, or a community agency. When

asked what would have been helpful to her at the time, Elizabeth suggested that a resource that would have supported her in feeling safe would have been helpful. She offered the following suggestion,

Check-ins, even, I would have liked to see, I don't know, check-ins from some sort of person that I knew I could call. Someone that, if my mom was acting erratic, or I didn't feel safe, some sort of hotline that I knew was safe to call.

Elizabeth also reported that support groups would have been helpful to her family and siblings in their feeling of being isolated and alone with their experience.

I felt like there was nothing. I wanted to see a counselor but my mom would say 'figure it out.' I didn't know what that meant or I didn't know what resources were available or how to get a counselor... I would liked to have known I was not alone. To know I'm not alone for a while. But, at the time, I felt like I was the only person...I wish my school would have done something. I wish my school would have checked on me more often.

Kate suggested that social workers or psychologists trained to support parentally bereaved children and adolescents would have been helpful to her in her grief process as she navigated the many changes in her mom's behavior and changing family dynamics. Kate offered,

Therapy would have been helpful. I think someone that knew how to handle a kid of 13 who just lost their dad would have been helpful. Because while I felt that everyone was well meaning and I had the commonalty within my family and a few friends, to have, you know, professional help and what rules to give the kid to

make them feel better would have been helpful. Or even more helpful would have been if it had never happened. That would have been really helpful.

Kate elaborated on the necessity of considering the many contextual variables in the lives of parentally bereaved children. She suggested that a call for additional research and scholarship is warranted to further support those faced with the unique yet not uncommon experience of parental loss during childhood. Kate eloquently noted,

It sucks when the dog is waiting and looking out the window for your dad to walk up the street from the library after he's gone and you are 13. You know, it's unbelievable tough, so I hope there is more research done and there is more support for kids...it is not the most common, but it is not uncommon. Just think of the kids that have issues that come up when a parent dies. Those that are flung into poverty, they lose their home. If the parents are young and mom brings someone else in. I mean, those are the aspects and they are significant. You know, I feel it still impacts me. It shapes you.

Discussion

Several themes within the findings supported the existing literature regarding the contextual factors that affect parentally bereaved children. A prominent theme within the body of research knowledge is the surviving parent or caregiver's grief reaction and adjustment to the death (Dopp & Cain, 2009; Dowdney, 2009; Hope & Hodge, 2006; Worden, 2009). In tandem with the literature, the research participants spoke of their own grief and loss within the context of their grieving parent's ability to adapt to the unparalleled challenges of raising their children without the support of the other parent and the additional caregiving responsibilities and financial constraints. Participants spoke

of the myriad of changes in their parent or custodial grandparent's emotional availability, expression of feelings, and ability to provide consistent care and structure. The death engendered tremendous challenges for the surviving parent or custodial grandparent in their ability to model a healthy grief response. All of the participants had the perception that their parent or custodial grandparent was emotionally and physically absent in the wake of the death, which was in stark contrast to their presence before the loss. Some recalled that their parent or grandparent used prescription medications for a "quick fix," used alcohol, and/or overspent limited financial resources. Some parents sought comfort and escape through new romantic partnerships or increased time in work-related responsibilities.

The implication of the surviving parent's grief response is that parentally bereaved children do not live in a bubble, isolated from the extraneous variables left in the wake of their parent's death, but instead within a complex family system. If the surviving parent is not supported in their own grief process, by default, the parentally bereaved child is not supported. If the surviving caregiver experiences a complicated bereavement, or in other words, become "stuck" in their grief, their ability to appropriately care for the emotional, physical, and social needs of their children is compromised. Further, the parent's prolonged grief response and potentiality for co-morbid mental health issues, exacerbates the child's grief process thus increasing the likelihood that their children will also become "stuck" and suffer from a complicated grief response (Cerel et al., 2006; Hagen et al., 2012; Kwok et al. 2005; Wordon, 2008). Although indirectly mentioned by the participants, it is important to evaluate secondary stressors, such as moving, attending a new school, decreased economic resources, and separation from family and friends. These

secondary losses exacerbate the distress of both parent and child, compromise resiliency, and increase risk of complicated grief and mental health issues, particularly depressive symptomology (Hope & Hodge, 2005; Wolchik, et al., 2006).

Several participants discussed their own as well as their parent or grandparent's coping mechanisms following the death of the parent. This finding has practical and clinical applications in consideration of how one's pre-existing internal toolbox can be protective, or conversely, may increase vulnerability to risk of complicated bereavement and mental health concerns. Through a strengths based lens, these findings tap into focusing on what personality characteristics and coping mechanisms foster resilience to better support bereaved parents and children throughout their grief process. This knowledge has the potential to foster targeted interventions, developmentally appropriate supports, and therapeutic applications.

Several research participants expressed a sense of isolation and disenfranchisement. They discussed the discomfort of friends, classmates, and neighbors, afraid to broach the topic of death, the perennial elephant in the room. This was a particularly poignant theme, particularly with a manner of death that is culturally stigmatized, such as the case with one participant whose father died due to an alcohol-related auto accident. Several participants reported feeling the fear and discomfort of friends, classmates, teachers, neighbors, as well as family members. Interestingly, participants struggled with a strong desire to be treated in the same manner as before the death, without uneasiness or pity, while simultaneously feeling a need to comfort and assuage the discomfort of those around them. Consequently, a parentally bereaved child's

experience of feeling alone is exacerbated within this newfound world few others understand.

Several participants experienced disenfranchisement due to a lack of awareness or access to supportive people and systems in their life. Surprisingly and disappointedly, participants did not identify social workers as available resources of support or referral. If grief resources were identified, parents were not able or ready to access these resources for themselves or their children. Interestingly some participants reported that therapeutic interventions were not necessarily geared toward what they needed or wanted, such as psychotropic medications. In addition, some parents used psychotherapy and psychiatric care as a threat or leverage in instilling desired behavior in their children.

The participants were uniform in their perspective that the death of their parent or grandparent was a defining moment that forever changed them and their view of the world. Several participants expressed that the death marked a proverbial end to their childhood. They reflected upon an understanding of the fragility of life within an existential paradigm in their experience of having the worst thing imaginable actually happen in the loss of their parent. Many reflected upon grief as a unique experience, as evidenced by the grief processes of surviving parents, siblings, and extended family members.

Implications for Future Research

Previous research and scholarship of parental loss during childhood and adolescence has been endeavored by several prominent researchers and lacks a diversity of theoretical orientations. Due to difficulties in finding representative samples of parentally bereaved children, such as small sample sizes and few longitudinal studies, there is a lack

of methodologically rigorous studies. Cultural and family diversity are also under-represented in the literature. Cultural norms dictate what is acceptable in the grieving process yet much of what has been learned about the grief experiences of children who have lost a parent are extrapolated from those of an American and western European middle class background. However, it is of importance to note that the current research literature is solid and provides an ongoing framework for continued scholarship within the field of parental bereavement during childhood and adolescence.

This research study was a retrospective analysis of the phenomenology of complicated bereavement in parentally bereaved children, adolescents, and emerging adults. Interestingly, all of the research participants reported that their surviving parent or custodial grandparent had a complicated grief response. Research that includes a healthy grief response and adaptation to the loss is minimal within the existing literature and clearly non-existent within the scope of this study. The multitude of factors that portend vulnerability to risk of complicated grief, in addition to those that are protective and increase resilience in both parents and children, are essential in meaningful and supportive intervention. More to the crux is the etiology of these variables and how practitioners can support children and their families to bolster protective mechanisms and mitigate vulnerability to a complicated response.

Longitudinal studies are generally cost-prohibitive. However, the potential wealth of information that longitudinal studies provide is arguable. Measureable objective and self-report evaluations of parentally bereaved children and their parents may facilitate a better understanding of what therapeutic interventions are most appropriate and at what point, in consideration of developmental age, nature of death, time elapsed since death,

and extraneous family variables. In order to support children and families in their grief, there must be an evaluation of the grief response immediately following the death but also months and years later. Anticipatory loss is also an area of research that may shed light into support and therapeutic interventions that can reduce the likelihood of a complicated grief response after the parent dies.

Cultural diversity is somewhat lacking in this research but also within the existing research literature. Additional scholarship must include the diversity of family structures, including single parent families, same-sex families, and/or children raised by grandparents. Children of color are woefully underrepresented in the current research that facilitate intervention and treatment implications that are Euro-centric and not applicable to all parentally bereaved children, thus perpetuating unequal access to culturally responsive grief support mechanisms. To be clear, the current body of research is solid and has created significant practical knowledge and clinical treatment modalities, but lacks the diversity of the multicultural world in which we live.

Implications for Practice

As a social justice issue, social workers have a responsibility to seek out the existing literature on best practice interventions and treatment modalities, in general, and for the purposes of this discussion, for parentally bereaved children and their parents, specifically. Social workers are so often on the front lines and have direct contact with children and adolescents within schools, community mental health settings, and social support agencies. Social workers have the expertise, training, and community resource knowledge to provide initial support to the grieving child and their family. In addition, social workers must not only make referrals to other social workers and mental health

practitioners who specialize in working with this population, but consider this an opportunity for increased awareness and education to better support parentally bereaved children and adolescents and their families.

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Appendix A: Qualitative Research Interview Questions

1. Could you please tell me your age, ethnic/racial background, and religious affiliation so that I can gather some basic demographic information for my research study?
2. What was your age at the time of your parent's death? Was it your mother or father who died? How old was your parent at the time of death?
3. What were the circumstances of the death? Was your parent's death expected or unexpected?
4. Describe what life was like for you at the time of your parent's death? How do you remember this time in your life?
5. Who did you live with after the death of your parent?
5. What was your relationship with your deceased parent? Surviving parent? Did the relationship with your surviving parent change as a result of the death?
6. How did you cope with the death of your parent? Were there any support mechanisms available to you at that time? (Family, friends, therapy, support groups)
6. How did your surviving parent cope with the death? Were there any support mechanisms available to your surviving parent? (Family, friends, therapy, support groups)
7. What cultural (ethnic background, religious factors, family dynamics) affected your grieving process?
8. As you look back, what might have been helpful to you in your grief process?
9. Is there anything else that you would like to share that I have not addressed?

Appendix B: Mental Health Resources for Participants

Mental Health Resource List

Twin Cities Metro Resources

Center for Grief, Loss, and Transition

1129 Grand Avenue
Saint Paul, Minnesota 55105
651.641.0177
<http://www.griefloss.org>
(Fee for service)

Canvas Health-Crisis Connection Minnesota

612.379.6363
1.866.379.6363
<http://www.crisis.org>
(Free service)

Interprofessional Center for Counseling and Legal Services (IPC)

30 South 10th Street
Minneapolis, Minnesota 55403
651.962.4820
<https://www.stthomas.edu/ipc/>
(Free service)

*Note: Currently enrolled University of Saint Thomas students are not eligible.

University of Saint Thomas Counseling and Psychological Services

<https://www.stthomas.edu/counseling/>

Saint Paul Campus:

Counseling and Psychological Services, Room 356
Murray Herrick Student Center
(651) 962-6780
(Free Service)

*Note: Must be a current full-time, degree-seeking student

Minneapolis Campus:

CAPS Minneapolis, Suite 100-S
Terrence Murphy Hall
651.962-6780
(Free service)

*Note: Must be a current full-time, degree-seeking student.

Walk-In Counseling Center
 2421 Chicago Avenue South
 Minneapolis, Minnesota 55404
 612.870.0565
<http://www.walkin.org>
 (Free service)

Greater Minnesota Resources

Canvas Health-Crisis Connection Minnesota
 612.379.6363
 1.866.379.6363
<http://www.crisis.org>
 (Free service)

Note: The following Minnesota Department of Human Services website links provide listings of mental health resources throughout the state of Minnesota, ***including*** resources located outside of the Twin Cities Metro area. The following services may require a fee for service. It is incumbent upon the research participant to clarify with potential mental health service providers any required fees as the participant is responsible for the cost of ***all*** mental health services.

Minnesota Department of health Mental Health Crisis Phone Numbers

http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/id_022003.pdf

Minnesota Department of Human Services Mental Health Services Provider Directory

<http://mhcpproviderdirectory.dhs.state.mn.us/SearchResults.aspx>

Minnesota Department of Human Services Mental Health Therapists

<http://mhcpproviderdirectory.dhs.state.mn.us/SearchResults.aspx>

Minnesota Department of Human Services Mental Health Centers

<http://mhcpproviderdirectory.dhs.state.mn.us/SearchResults.aspx>

Appendix C: Request for Research Participants on Social Media: Facebook and Twitter

Facebook Script:

Research Participants Needed.

I am conducting an exploratory research study to gain insight into the variables that affect the grief process in children and adolescents who have lost a parent due to death. Participants are needed to share their story about their experiences of parental death. Interviews are approximately 45 minutes in duration. Criteria to participate in the study include: Adult between the age of 20 to 50, parental death. Parental death must have been experienced between the ages of 8 to 25. Parental death must have occurred at least three years prior to the scheduled interview. Participation is completely voluntary and confidential. You will be provided a Target gift card in the amount of \$10.00 if you are selected to participate. If you meet these guidelines and are interested in participating, please contact Jeanne Abicht at abicxxxx@stthomas.edu.

Twitter Script:

Research participants needed to share their story of childhood parental death in a 45-minute interview. Participant criteria: Now age 20 to 50; parent death occurred when child was 8 to 25 and at least 3 years ago. Participation is voluntary and confidential.

Appendix D: Research Flyer

Research Participants Needed!

I am conducting an exploratory research study to gain insight into the variables that affect the grief process in children and adolescents who have lost a parent due to death. Participants are needed to share their story about their experiences of parental death. Interviews are approximately 45 minutes in length. Participation is completely voluntary and confidential.

Criteria to participate in the study include:

- Adult between the ages of 20 to 50
- Parental death experienced between the ages of 8 to 25
- Parental death must have occurred *at least* three years prior to the scheduled interview

Participation is completely voluntary and confidential.

Note: You will be provided a Target gift card in the amount of \$10.00 if you are selected to participate.

If you meet these guidelines and are interested in participating, please contact Jeanne Abicht at abicxxxx@stthomas.edu or 612.xxx.xxxx.